

IN THE U.S. PATENT AND TRADEMARK OFFICE

Application No.: New Continuing ApplicationAttorney Docket No.: 14013-32CInventor: Ilya UmanskyFile Date: 12/30/1999Title: "PARTIAL FAX DELIVERY AND MULTICAST BY THE STORE AND FORWARD FAX DEVICES WITH LIMITED MEMORY"

Receipt is hereby acknowledged of the following:

Request for Continued Examination (RCE) under 37 CFR 1.114

☒ Amendment/Reply, 8 pgs., as previously filed☒ RCE Transmittal, 1 pg.☐ Formal Drawings _____ Sheets (Figures _____)☐ Declaration and Power of Attorney, executed☐ Assignment w/Cover Sheet, executed☒ Please Charge Deposit Account No. 501638in the amount of \$770.00☒ Information Disclosure Statement and form PTO-1449, as previously filed, 2 pgs.☐ Certification under 34 U.S.C. 122(b)(2)(B)(i)☐ Petition for Extension of Time☐ Resp. to Notice of File Missing Parts☐ Response/Amendment☐ Issue Fee Transmittal☐ Submission of Formal Drawings☐ Notice of Appeal☐ Appeal Brief☒ Express Mail Certificate☐ Certificate of Mailing☐ Supplemental IDS Statement and form PTO 1449, _ pgs.Express Mail No. 9501 843657 USDate Mailed: October 14, 2003**received**
10/20/03

UNITED STATES POSTAL SERVICE®

**POST OFFICE
TO ADDRESSEE**

EL 919843657 US

**SEE REVERSE SIDE FOR
SERVICE GUARANTEE AND LIMITS
ON INSURANCE COVERAGE**

| | | | |
|--|---|---|--|
| ORIGIN (POSTAL USE ONLY) | | Flat Rate Envelope <input type="checkbox"/> | |
| PO ZIP Code <u>95113</u> | Day of Delivery Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> <u>Thurs</u> <input checked="" type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/> | Postage \$ <u>13.65</u> | |
| Date in <u>10/14/03</u> | Time in <u>12 Noon</u> <input type="checkbox"/> <u>3 PM</u> <input checked="" type="checkbox"/> | Return Receipt Fee | |
| Service <u>PM</u> | 2nd Day <input type="checkbox"/> 3rd Day <input type="checkbox"/> | COD Fee <input type="checkbox"/> Insurance Fee <input type="checkbox"/> | |
| Weight <u>3.95</u> lbs. | Acceptance Clerk Initials <u>CS</u> | Total Postage & Fees \$ <u>13.65</u> | |
| No Delivery <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday <input type="checkbox"/> | | | |

☐ **WAIVER OF SIGNATURE (Domestic Only):** Additional merchandise insurance is void if waiver of signature is requested. I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.

NO DELIVERY ☐ Weekend ☐ Holiday ☐ Customer Signature _____

CUSTOMER USE ONLY

METHOD OF PAYMENT:

Licenses Met Corporate Acct. No.

AY01074

Federal Agency Acct. No. or Postal Service Acct. No.

FROM: (PLEASE PRINT)

PHONE: _____

LAW OFFICES OF IMAM
111 S MARKET ST STE 10101
SAN JOSE CA 95113

USPS
James Park Sta.
95113-9998
#15

14013-32C

TO: (PLEASE PRINT)

PHONE: _____

MAIL STOP KCE
COMMISSIONER FOR PATENT
P.O. BOX 1450
ALEXANDRIA, VA 22312-1450

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Label 11-F August 2000